

(1) PLACE OF BIRTH

County of GranvilleTownship of 15Inc. Town of MonticelloCity of Sc

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. for State Register Only

28238

Registration District No. 15Registered No. JS
(For use of Local Registrar)

(2) Full Name of Child

(If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL B(4) Type of Birth Sc
To be answered only in case of Twins or Triplets(5) Number in order of birth 2(6) Sex Sc(7) DATE OF BIRTH Apr 20 1920
(Month) (Day) (Year)

FATHER.

(8) FULL NAME H. L. L. Shatt(9) PRESENT POSTOFFICE OF FATHER Shotton(10) COLOR OR RACE N(11) AGE AT LAST BIRTHDAY 66
(Years)(12) BIRTHPLACE NC(13) OCCUPATION San Mill(14) Number of children born to mother, including present birth 2

MOTHER.

(15) NAME BEFORE MARRIAGE Lula Davis(16) PRESENT POSTOFFICE OF MOTHER Shotton(17) COLOR OR RACE N(18) AGE AT LAST BIRTHDAY 2
(Years)(19) BIRTHPLACE Ela(20) OCCUPATION Wife(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn on the date above stated. (Hour A. M. or P. M.) 2:20 P.M.(23) (Signature) E. S. Shatt

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Monticello

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) FILED Apr 20 1920 (28) C. S. R. R. Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.